

APPLICATION DATA SHEET

Application Information

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility – National Stage
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	No
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	No
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title::	METHODS OF AMINATION
Attorney Docket Number::	065435-9084-US00
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	<u>1st Inventor</u>
Primary Citizenship Country::	AU
Status::	
Given Name::	Andrew
Middle Name::	Bruce
Family Name::	Holmes
Name Suffix::	
City of Residence::	Melbourne
State or Province of Residence::	Victoria
Country of Residence::	AU
Street of mailing address::	54 Morrah Street Parkville
City of mailing address::	Melbourne
State or Province of mailing address::	Victoria
Country of mailing address::	AU
Postal or Zip Code of mailing address::	3052

Applicant Authority Type::	<u>2nd Inventor</u>
Primary Citizenship Country::	GB
Status::	
Given Name::	Catherine
Middle Name::	Janet
Family Name::	Smith
Name Suffix::	
City of Residence::	Cambridge
State or Province of Residence::	Cambridgeshire
Country of Residence::	GB
Street of mailing address::	106 Huntingdon Road
City of mailing address::	Cambridge
State or Province of mailing address::	Cambridgeshire
Country of mailing address::	GB
Postal or Zip Code of mailing address::	CB3 0HL

Applicant Authority Type::	<u>3rd Inventor</u>
Primary Citizenship Country::	AU
Status::	
Given Name::	Melanie
Middle Name::	Wing-Sze
Family Name::	Tsang
Name Suffix::	
City of Residence::	Melbourne
State or Province of Residence::	Victoria
Country of Residence::	AU
Street of mailing address::	19/121 Rathdowne Street
	Carlton
City of mailing address::	Melbourne
State or Province of mailing address::	Victoria
Country of mailing address::	AU
Postal or Zip Code of mailing address::	3053

Applicant Authority Type::	<u>4th Inventor</u>
Primary Citizenship Country::	GB
Status::	
Given Name::	Theresa
Middle Name::	Rachel
Family Name::	Early
Name Suffix::	
City of Residence::	Cambridge
State or Province of Residence::	Cambridgeshire
Country of Residence::	GB
Street of mailing address::	10 Cliveden Close
City of mailing address::	Cambridge
State or Province of mailing address::	Cambridgeshire
Country of mailing address::	GB
Postal or Zip Code of mailing address::	CB4 3LX

Applicant Authority Type:: **5th Inventor**
 Primary Citizenship Country:: GB
 Status::
 Given Name:: Richard
 Middle Name:: Eden
 Family Name:: Shute
 Name Suffix::
 City of Residence:: Macclesfield
 State or Province of Residence:: Cheshire
 Country of Residence:: GB
 Street of mailing address:: AstraZeneca
 Alderley Park
 City of mailing address:: Macclesfield
 State or Province of mailing address:: Cheshire
 Country of mailing address:: GB
 Postal or Zip Code of mailing address:: SK10 4TF

Correspondence Information

Correspondence Customer Number:: 023510
 Name:: Michael Best & Friedrich LLP
 Street of mailing address:: One South Pinckney Street, Suite 700
 P.O. Box 1806
 City of mailing address:: Madison
 State or Province of mailing address:: WI
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 53701-1806
 Phone number:: (608) 257-3501
 Fax Number:: (608) 283-2275
 E-Mail addresses:: madipdocket@michaelbest.com

Representative Information

Representative Customer Number::	023510
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-OR-

Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/GB2005/001130	03/18/2005

Foreign Priority Information

Country::	Application number::	Filing Date:	Priority Claimed::
GB	0406125.5	03/18/2004	Yes

Assignee Information

Assignee name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

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